

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #
I. TITLE OF NOTIFICATION (O-Original R-Revised C-Cancelled):			
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME:			
Address:			
City:	State:	Zip:	
Contact:		Tel:	
REMOVAL CONTRACTOR:			
Address:			
City:	State:	Zip:	
Contact:		Tel:	
OTHER OPERATOR:			
Address:			
City:	State:	Zip:	
Contact:		Tel:	
III. TYPE OF OPERATION (D-Demo O-Ordered Demo R-Renovation E-Emer. Renovation)			
IV. IS ASBESTOS PRESENT? (Yes/No)			
V. FACILITY DESCRIPTION (Include building name, number and floor or room number)			
Bldg. Name:			
Address:			
City:	State:	County:	
Site Location:			
Building Size:	# of Floors:	Age in Years:	
Present Use:		Prior Use:	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
VII. APPROPRIATE AMOUNT OF ASBESTOS, INCLUDING:			
1. Regulated ACM To Be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed
			Indicate Unit of Measurement Below
		CAT I	CAT II
		UNIT	
Pipes			Ln Ft Ln m
Surface Area			Sq Ft Sq m
Vol. RACM Off Facility Component			Cu Ft Cu m
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: Complete:			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:			

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD (S) TO BE USED:

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

XII. WASTE TRANSPORTER #1

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name:

Address:

City:

State:

Zip:

Contact:

Tel:

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (DD/MM/YY):

Description of the Sudden, Unexpected Event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR, Part 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)

(Date)

(Signature of Owner/Operator)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

(Date)

(Signature of Owner/Operator)